

Jesse Brown Veterans Affairs Medical Center

Clinical Psychology Internship



Jesse Brown V.A. Medical Center



Chicago Skyline

Internship Information (2011-2012)

The Jesse Brown VAMC is located two miles west of the Loop, Chicago's central downtown district. It is part of Chicago's large West Side medical district, which also includes Cook County Hospital, Rush-Presbyterian-St. Luke's Medical Center and the University of Illinois at Chicago Medical Center. JBVAMC serves the almost one million veterans who reside in the catchment area. Many veterans are eligible for VA health care because they are disabled or economically disadvantaged.

Academic Affiliation

Jesse Brown VAMC is affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University Medical School. About 250 medical residents and 300 medical students rotate through the medical center each year, receiving training in medicine, surgery, psychiatry, neurology, dentistry, radiology, orthopedics, and more. Additionally, students from nearby academic institutions receive training at the medical center in disciplines such as psychology, nursing, pharmacy, social work and audiology. Moreover, Jesse Brown VAMC is one of the most competitive practicum sites in the Chicago area, drawing extern applicants from twelve local APA approved clinical and counseling psychology programs.

Accreditation Status

The JBVAMC Clinical Psychology Internship Program is fully accredited by the American Psychological Association and adheres to the guidelines of the Association of Psychology

Postdoctoral and Internship Centers. Our last site visit was in 2005, and we obtained full accreditation for seven years, the maximum time that an internship setting can be accredited. Accreditation documentation may be viewed upon request. The American Psychological Association full accreditation has been maintained continuously since our first accreditation in 1979. More information on accreditation is available from the Committee on Accreditation of the American Psychological Association. The address is: Committee on Accreditation, Office of Program Consultation and Accreditation, American Psychological Association, 750 First St NE, Washington, D.C., 20002-4242; the web site is www.apa.org and the phone number is 202-336-5965.

Chicago Location

Chicago is the third largest metropolitan area in the United States. Jesse Brown VAMC is convenient to expressways and public transportation including buses and trains that transport to and away from the entrance of our building within blocks. Chicago is a hub of arts in the Midwest, the home of world famous architecture, and dozens of annual festivals. The music and food scene are especially robust and wildly diverse. Further information about Chicago is available at www.CityofChicago.org

JBVAMC Patient Population

Veterans are defined as anyone who has served in the Armed Forces, whether wartime or peacetime. Veterans commonly eligible for VA services include:

- Older veterans
- Combat veterans
- Any veteran who became disabled in the service
- Any female or male veteran with military sexual trauma
- Younger indigent veterans with an honorable, general or medical discharge
- Younger disabled veterans

The veterans at the JBVAMC are predominately African-American and male. Many are aging; however, younger male and female veterans also use medical services here, especially since the wars in Iraq and Afghanistan began. Many have multiple medical problems. Some of our veterans have college or graduate degrees, but the majority have a high school degree or less education. There are more female veterans here than at most VA's. Many of our female veterans are single parents.

Common psychological problems include combat trauma, sexual trauma, depression, personality disorders, a myriad of anxiety disorders, and psychosis. Many veterans have addictions and may be dually diagnosed. Our veterans often display remarkable resilience and resourcefulness under very difficult circumstances. They are generally open about their problems and honest with themselves about their need for help.

More information about our patient population is available in our [diversity statement](#).

The Psychology Supervisors

There are 23 doctoral-level clinical psychologists at Jesse Brown VA, as well as two administrative support personnel. Most of the psychology supervisors have faculty appointments in the Department of Psychiatry at the University Of Illinois College Of

Medicine at Chicago or at Northwestern Medical School. More information about the psychology supervisors is available on the web site within the staff section.

Training Philosophy

The Department of Veterans Affairs employs more psychologists and trains more psychology interns than any other American institution. We are proud to be part of the training mission of the VA. The training philosophy of the Jesse Brown VAMC psychology internship program is as follows:

- **Scientist-practitioner model:** We adhere to a scientist-practitioner model of clinical training. In supervision, interns share their decision-making process, formulate a course of action using their scientific knowledge of psychology, follow through with decisions, and critique the results of interventions. Staff members refer interns to appropriate professional research and writings, so that interns become aware of the empirical validation for treatments provided. Empirical and scholarly writing is provided in the seminars for the interns (see the Diversity Journal Club Readings, below our Diversity Statement, for example). Interns present their own research to psychology externs in our externship seminar, and are given four hours per week to work on their dissertations, or other research. Some staff members are involved in research or scholarly writing, and a number of our interns have presented at conferences during their time with us, or had articles published. See later in this section about our intern's presentations and publications during the internship year.
- **Cultural and systems competence:** Interns assess the patient's social system, which includes the patient, the family, ethnic and cultural issues, and the community. Also, interns negotiate the patient's treatment system, including the treatment team and other programs of medical center. Interns are trained to meet the special needs of mental health service delivery to urban, ethnic minority populations.
- **Developing and respecting intern autonomy:** Interns enter our training program with diverse backgrounds – clinical, academic and personal. We respect and encourage varied interests and psychotherapeutic orientations. Interns' responsibilities and autonomy grow as the training year progresses. By the end of the internship, our interns operate with a high degree of professional autonomy; our interns are respected professionals in the medical center. Interns continue to gain expertise in their personal interest areas and also broaden their training. Interns choose their own training experiences with guidance from mentors as needed. Upon graduation, our interns have achieved the level of competence needed to practice autonomously in some areas of psychology. Also, they are ready for entry-level work in any setting that provides comprehensive psychological services to adults, including medical centers, community agencies, and outpatient clinics, whether in the public or private sector.
- **Mentoring the whole intern:** During the internship, interns face two other important tasks: finishing the dissertation and finding employment or a postdoctoral fellowship. Our staff encourages and monitors the interns' progress in these areas, providing guidance as needed. We strictly limit the internship hours to 40-45 per week so interns have time to complete these other tasks, to spend time with their families, partners, and friends, and to pursue personal interests. We help interns learn the professional coping skills needed to successfully pursue the full-time clinical work of the internship year.

The Jesse Brown VAMC internship recognizes the benefit of personal psychotherapy for all mental health professionals, including psychology trainees. We support the decision to seek therapy as a personal one and the program rarely requires the disclosure of personal information. Still, some interns do find it helpful to volunteer personal information in supervision when discussing countertransference issues. Disclosure of personal information is only required when it is needed to evaluate or obtain assistance for a student whose personal problems are preventing the student from performing professional activities competently, or whose problems are posing a threat to the student or others.

Psychology Internship Tracks

The Jesse Brown VAMC trains 4 interns per year:

General Track - 2 positions

The two **General Track** interns choose three major rotations of four months each. See below for specific training opportunities.

Specialty Track – 2 positions

- **Neuropsychology Track** – 1 position
- **Health Psychology Track** – 1 position

The two Specialty Track interns have a fixed major rotation for the year, however, the training philosophy of our psychology internship strongly supports breadth of training for all interns. This makes our internship ideal for the Specialty Track intern who wishes to continue to improve psychotherapy skills and develop skills in additional interest areas. See below for specific training opportunities.

Training Program Overview

Due to the large number of rotations available and the relatively small number of interns, **interns' interests are always accommodated in their choice of rotations.** Each rotation is supervised by the psychology staff member who is based in that specific program area. Below, the training structure is outlined, with more detailed descriptions to follow:

Structure

The internship is divided into three four-month rotations (July-October; November-February, March-June). In each of the three rotations interns participate in the following:

- 1 Major Rotation (20 hours per week, including 1 hour of supervision)
- 1 Minor Rotation (6 hours per week, including 1 hour of supervision)
- 1 Group (1 hour per week, plus 30 minutes of supervision)
- 4 Long-Term Individual Psychotherapy Cases (4 hours per week, plus 1 hour of supervision)

- Intern Seminars (90 minutes, twice a week)
- Dissertation and/or Personal Research (4 hours per week)

TOTAL: 40 hours/week

Major Rotation Options

Each major rotation is 20 hours per week and lasts four months. General Track interns select three major rotations based on their training interests, and in consultation with the director of training. For Specialty Track interns, their area of specialization is their major rotation throughout the year. An average of 1-2 hours of weekly supervision is provided per major rotation. Major rotation options are:

- **Neuropsychology** (the Neuropsychology intern does this as his/her Major Rotation each time, General Track interns may select it as well)
- **Outpatient Health Psychology** (the Health Psychology Intern does this as his/her Major Rotation each time, General Track interns may select it as well)
- **Day Hospital Program**
- **Addiction Treatment Program**
- **Outpatient Mental Health** (this Major Rotation consists of selecting three minor rotations from the list below)
- **PRRC Program**
- **PTSD Program**

Minor Rotation Options

The minor rotations are 6 hours per week and last four months. This provides an opportunity for interns to acquire greater breadth in their training. One hour of weekly supervision is provided per minor rotation. Current minor rotation options are:

- Biofeedback Clinic
- Geropsychology
- Internship Administration
- Mental Health Leadership and Administration
- Neuropsychology
- Neuropsychology Research (UIC Department of Psychiatry)
- OEF/OIF Clinical Population Treatment
- Potential for Off-Site Rotations at UIC, Northwestern, Loyola, Rush, etc.
- Psychiatric Admitting Clinic
- Psychiatric Residential Rehabilitation Treatment Program (PR RTP)
- Psychological Assessment – Primarily Personality and Diagnostic Testing
- Psychosocial Rehabilitation and Recovery Clinic (PRRC)
- Research
- Sexual Health Clinic
- Supervision of Externs
- Psychological Treatment of Pain

- Inpatient Psychiatry

Group Therapy Options (an incomplete and evolving list)

There are a wide range of groups available. In addition to those listed below, interns may participate in the formation of new groups. In the past, interns have sometimes selected to participate in more than one group. Supervision is provided for 30 minutes per week.

Group therapy options are:

- Combat-related PTSD
- Military Sexual Trauma-Related PTSD
- Non-Combat-Related PTSD
- Dual Diagnosis PTSD
- Battle Body Retraining with OEF/OIF Veterans
- Transitioning War Skills to Home
- Couples Enrichment Workshop
- OEF/OIF Family Members' Support Group
- Geropsychology Support Group
- High-Functioning Schizophrenia Support Group
- Hepatitis C Support Group
- Cancer Support Group
- MOVE (Weight Management) Group
- Physical Medicine and Rehabilitation Group
- Treatment Groups in the Psychiatric Residential Rehabilitation Treatment Program (PRRTP)
- Psychoeducational Groups in the Psychiatric Residential Rehabilitation Treatment Program (PRRTP)
- Psychoeducational Groups in the Psychosocial Rehabilitation and Recovery Clinic (PRRC)
- Women with Schizophrenia Group
- Dialectical Behavioral Therapy Group
- ACT treatment of Chronic Pain

Individual Psychotherapy Cases

Interns carry a caseload of four weekly outpatients in individual therapy. One hour of weekly individual supervision is provided for this training experience, by an assigned long-term therapy supervisor. Patients are seen in the Outpatient Psychiatry Clinic. The clinic has about 3000 patients enrolled at any one time. Common patient diagnoses include: psychosis, PTSD, affective disorders, anxiety disorders, personality disorders, and concurrent substance abuse. The long-term outpatient psychotherapy supervisors are chosen by the director of training, and operate from a variety of therapeutic perspectives, but all are interested in supporting the development of the intern's theoretical orientation.

The Seminar Series

Interns attend two seminars per week, each lasting 1.5 hours. Topics are chosen for their clinical relevance, for example: psychotherapy of trauma survivors, military culture,

professional issues, and usage of the MCMI-III. Empirically-validated treatments, such as prolonged exposure treatment for PTSD and dialectical behavior therapy for borderline personality disorder, are referenced in appropriate seminars. A sample seminar list of seminars over the last several years is presented in a separate section, below.

- Diversity Journal Club

As part of the Seminar Series, interns and interested psychology staff members meet monthly to read selected articles on various diversity topics.

Dissertation and/or Research

Although the focus of the internship is the development of the clinical skills of the intern, all interns who have not completed their dissertations are encouraged to schedule 4 hours per week for that purpose. If the dissertation is completed, these hours can be devoted to other clinical or research interests. There may be some limited opportunities for research involvement and/or co-authorship of papers or posters.

Other Professional Development Activities

Each intern makes 2 formal presentations during the training year. One presentation is 90 minutes, including discussion, to the internship class, about a psychological research or treatment issue of interest. Another presentation is 45 minutes, about a research issue of the intern's choice, to about 8 psychology externs.

In addition to the official internship requirements, interns may seek other professional and training experiences available at the VA and at the University of Illinois at Chicago. At the VA, these include an excellent series of psychiatry CME lectures as well as ongoing consultation seminars on individual psychotherapy, geriatrics, and group therapy. At the University of Illinois at Chicago interns may attend Grand Rounds and other seminars. Northwestern Medical School, Dept. of Psychiatry also has a weekly Grand Rounds that interns are eligible to attend. Interns are also eligible and encouraged to attend VA regional or national conferences.

Psychological Treatment and Assessment Training Rotations

Addictions – major rotation option for General Track interns

This rotation provides an opportunity for a Psychology Intern to gain a broad spectrum of skills working with dually diagnosed patients. Three groups are key elements of the rotation:

- Dual Diagnosis Engagement Group is for patients new to treatment or those returning after an absence. Based on the Stages of Change model, the group educates patients about dual diagnosis and treatment options, as well as applies concepts of Motivational Interviewing to increase the likelihood of remaining in treatment. The nature of dual diagnosis, depression, PTSD, and the differences between addiction and mental health treatment are common themes.
- Advanced Group is a weekly group for patients with six months to one year of sobriety and a demonstrated ability to benefit from a process-oriented group. Group leaders serve in a consultant role. Common topics include family of origin, abuse, childhood depression, relationships, and employment.
- Emotions Management Group meets in the evening and assists patients with the emotions

that most commonly lead to relapse. Managing anger, coping with grief and loss, and managing guilt and shame are the most common themes. There is time for open interaction and processing, and to introduce cognitive-behavioral techniques that assist patients with managing emotions

Interns also screen patients in Addictions Central Intake using a computerized structured interview that covers addiction symptoms, psychiatric history, screening instruments for the two most common dual diagnoses at JBVAMC (Depression and PTSD), a suicide risk assessment, a violence risk assessment, and a mental status examination. The evaluation is finalized by providing treatment recommendations. Interns schedule two evaluations per week during the rotation.

Day Hospital Program – major rotation option for General Track interns

The Day Hospital Program (DHP) is an intensive psychiatric rehabilitation program. Up to 22 patients attend four to six hours a day, five days a week. Activities include group and individual therapy, music therapy, anger management training, relaxation training, occupational therapy, recreational activities, and some structured learning experiences. The emphasis is on acute (usually two to six weeks) management of crises or transitions, with considerable psychoeducation regarding more chronic conditions. Patients' diagnoses include severe personality disorders, dual diagnoses, schizophrenia and other psychoses, and PTSD. All share an acute need for therapy that requires more powerful interventions than once a week outpatient treatment, but not necessarily hospitalization.

Staff of the Day Hospital includes a psychologist, psychiatrist, social worker, and clinical nurse specialist. Psychiatry residents, nursing students, as well as psychology interns, round out the team and play an active role in the therapeutic milieu and staff meetings. A bimonthly clinical case conference with an outside psychiatric consultant provides intensive analysis of the structure and dynamics of individual personalities and offers an excellent opportunity for team interaction in depth about individuals. Bimonthly conferences with the PTSD team address the ongoing specific needs of the Vietnam and OEF/OIF veteran subpopulations. Daily staff conferences allow for program planning and patient and group process review.

The intern co-leads one of the three intensive groups meeting for an hour, two times per week, and participates in the whole-community activities: large group therapy, community business meetings, and community social times. The intern is the primary case manager for one or two patients and does intensive time-limited psychotherapy with them.

Outpatient Mental Health – major rotation option for General Track interns, minor rotation option for all interns

The Outpatient Mental Health rotation consists of the many opportunities listed above as Minor Rotation Options, some of which are described in more detail, below. Interns select one of these options when selecting Outpatient Mental Health as a minor rotation. When interns select Outpatient Mental Health as their major rotation (an option only available to General Track interns), they choose 3 of the Minor Rotation Options.

Psychosocial Rehabilitation and Recovery Center (PRRC)- major rotation option for General Track interns, minor rotation option for all interns

The Psychosocial Rehabilitation and Recovery Center (PRRC) at Jesse Brown is a recently established program funded by VA Central Office. The previous Day Treatment

program currently is in the process of converting into a center where veterans diagnosed with serious mental illnesses (defined as Schizophrenia, Schizoaffective Disorder, and Psychosis NOS) are encouraged to self-determine life goals and develop the necessary skills and supports to achieve these objectives. Recovery is defined not as a cure of mental illness, but rather as successful efforts toward reintegration into the community. Veterans learn to regain meaning, purpose, and personal control in their lives through supportive reentry into community-integrated employment, education, housing, spiritual, family, and social activities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) in conjunction with six other federal agencies, the term recovery consists of ten fundamental components: self-direction, individualization, empowerment, holism, non-linearity, focus on strengths, peer support, respect, responsibility, and hope. The PRRC at Jesse Brown is designed to be an educational program with an academic model emphasizing the incorporation of these ten fundamental components. Group-oriented classes are offered over the course of three 12-week semesters. Veterans self-determine the number and type of academic courses in which they wish to engage. By offering veterans a strength-based approach to care, treatment, and services, the PRRC program aims higher—toward a framework of hope, healing, and empowerment. Veterans will learn to self-determine their own goals and develop wellness strategies to achieve an improved quality of life and a greater sense of independence. Successful completion of the PRRC is designed to enable veterans with serious mental illness to become more independent and community-integrated with continuing access and utilization of appropriate outpatient mental health services and support as needed.

The PRRC consists of a multi-disciplinary staff from the fields of psychiatry, psychology, nursing, social work, recreational therapy, vocational therapy, and peer support working together in a unified treatment team approach to recovery. The psychology intern will work closely with all members of this multidisciplinary treatment team. The intern will be responsible for delivering clinical care to veterans and assisting them with achieving their self-determined therapeutic goals. Specifically, the intern will help veterans develop an individualized wellness plan, socialization and coping skills, family education, dual diagnosis treatment (if necessary), independent living skills and a social support network, and employment in the community (if desired). Additionally, the intern will be involved in continued program development projects, and the writing and updating of course curriculum to insure that the material is based upon the best evidence-based treatment practices in the field.

As the PRRC program consists primarily of therapy groups, the intern will develop an expertise in this therapeutic modality, and will be supervised specifically in conducting group therapy. As the VA mental health field adopts an emphasis on positive psychology, recovery, and evidence-based treatment, the intern at Jesse Brown will have the opportunity to be at the forefront of cultural change and will have a competitive advantage in furthering his/her professional development.

PTSD Clinic – major rotation option for General Track Interns

This rotation provides comprehensive training in the diagnosis and treatment of Posttraumatic Stress Disorder (PTSD), one of the most prevalent mental health problems among veterans within the VA. This rotation takes place in Jesse Brown's PTSD Clinic, an outpatient clinic designed to treat military-related PTSD. Veterans receiving treatment in the PTSD clinic have experienced combat trauma, military sexual trauma, or other military-

related trauma. Although military trauma is a prerequisite for admission into the clinic, quite a few veterans within the clinic have had multiple traumas throughout their lives, including childhood physical or sexual trauma, experiencing or witnessing urban violence, or experiencing a natural disaster. Treatment in the PTSD Clinic consists primarily of medication management and individual, group, and couples therapy. A variety of groups are offered: longer-term supportive/psychodynamic psychotherapy, dual-diagnosis, psycho-education, skills-training, and Cognitive Processing Therapy. Many veterans also have a dual diagnosis; therefore, there is a strong emphasis on managing and providing treatment for co-occurring substance use disorders, depression, anxiety, and personality disorders. Case management is an integral component of treatment in the clinic because of the high rates of poverty and environmental stressors our veterans experience.

The PTSD Clinic is staffed by a multi-disciplinary team including three psychiatrists, four psychologists, a social worker, a clinical nurse specialist, and a recreation therapist. Psychiatry residents, psychology interns, and other students play an active role in treating patients and contributing to team meetings and discussions. A weekly team meeting focused on clinic issues and difficult-to-treat patients provides an opportunity for case-consultation and for systemic issues within the clinic to be addressed. There is a weekly case disposition meeting in which team members present cases and collaborate on treatment planning. In addition, there is a case consultation meeting focused on evidence-based psychotherapy.

The intern will conduct PTSD evaluations, co-lead several PTSD groups, receive training in two evidence-based psychotherapies for PTSD (Prolonged Exposure and Cognitive Processing Therapy), provide individual therapy, and will attend staff and case consultation meetings. The intern will also receive at least two hours of supervision per week and will be asked to complete reading assignments throughout the rotation.

Additional information on some of the minor rotations

Psychiatric Admitting Clinic

Interns choosing the Psychiatric Admitting Clinic (PAC) rotation hone their interviewing and diagnostic skills. PAC is the primary entry point for referrals to all psychiatric services, both inpatient and outpatient. Interns develop their psychological interviewing skills, and learn to make differential diagnoses. A key skill to be acquired is the ability to make rapid assessments and dispositions. The training experiences include:

- evaluation of patients in acute states of psychosis, depression, mania and intoxication
- working closely with psychiatrists, psychiatric residents, medical students and social workers
- contributing to decision-making about psychiatric admission
- learning assessment and decision-making regarding suicidal and homicidal patients
- crisis intervention, including some work with family members
- working in the emergency room

Assessment

This rotation is for interns wishing to further refine their skills in psychological assessment. The rotation is personalized to the intern's training needs. The MMPI-2, MCMI-III, Rorschach, TAT, Sentence Completion, and the WAIS-IV are emphasized. Settings for

testing include the outpatient clinic and compensation/pension evaluations. Interns are expected to complete several written reports during this rotation, and learn skills related to competent feedback to veterans on their testing results.

Psychotherapy Supervision

Interns will supervise one Psychology Extern. Supervision of supervision will be provided by Dr. Eric Van Denburg. A low risk case will be chosen for this supervision and for the most part, the supervision of cases is on an hour-to-hour basis, giving the intern an excellent opportunity for close supervision of a single case. Issues related to development of supervisory identity, parallel process, and mentoring issues are discussed along with relevant academic journal articles on supervision.

Women's Mental Health

An intern choosing this rotation participates in the following groups:

- Women's Coping Skills Group: This group, using the Dialectical Behavior Therapy (DBT) model, teaches veterans useful coping skills such as relaxation, assertiveness, and mindfulness. Additional skills from other models such as cognitive therapy and anger management are also taught. Women in this group have borderline personality disorder, PTSD and/or chronic depression.
- Women's Psychotic Disorders Group: This group provides support and psychoeducation for women with schizophrenia and schizoaffective disorder.

The intern also chooses additional training opportunities such as participation in treatment team meetings, women's alcohol recovery group, women's dual diagnosis group and/or a small project.

Geropsychology

An intern choosing this rotation does rapid assessments of older adult patients, with the assistance of a staff psychiatrist who specializes in this area. The experience teaches interview skills, brief mental status exam skills, and provides instruction in differential diagnosis, rapid assessment, psychopharmacology, and disposition with elderly psychiatric patients. Often the intern will also interview and assist family members who accompany the veteran to the initial intake session.

OEF/OIF

The official titles for the current wars are “Operation Enduring Freedom” (Afghanistan) and “Operation Iraqi Freedom” (Iraq). Collectively, they are referred to with the acronym “OEF/OIF.” While still a niche program with the VA system, there are increasing numbers of OEF/OIF veterans coming for services at Jesse Brown VAMC. The OEF/OIF rotation is targeted at services for currently returning veterans and can be largely tailored to suit the intern’s interests, including: multi-disciplinary team meetings, empirically-supported treatments (Prolonged Exposure and Cognitive Processing Therapy) for individual PTSD cases, group therapy, outreach to returning units, etc.

PRRC

The Psychosocial Rehabilitation and Recovery Clinic (PRRC) has replaced the old Day Treatment Program for the treatment of chronic psychotic disorders, especially schizophrenia. Focused on the Recovery model, the PRRC is run like a college, where members enroll in classes (e.g., Emotion Management, Social Skills, etc) and are expected to meet attendance requirements. Jesse Brown's PRRC is one of the pilot sites for this program, which will be rolled out nationally in the VA system in the next 5-10 years. Interns have the opportunity to become an active member of the multi-disciplinary treatment team, to co-facilitate classes, and to write curriculum.

Sexual Health Clinic

The intern within this minor rotation works with Dr. Jeff Albaugh, a nurse with specialty training in sexual health assessment and treatment. Dr. Albaugh is very knowledgeable about medication effects, the physiology of sexual functioning, and is also sensitive to interpersonal and intrapsychic issues related to sexual functioning.

Off-station Assignments

The availability of specific off-station rotations depends on many factors not controlled by us and therefore cannot be guaranteed in advance. In the past, interns have studied at the University of Illinois Counseling Center, Rush Presbyterian St Luke's Medical Center and the University of Illinois Medical Center, all within easy walking distance. The off-station rotations must be taken in an approved training environment under the direct supervision of a qualified licensed psychologist. These rotations are designed and arranged by the intern with consultation and approval by the Director of Training.

Administration and Research Rotations

Internship Administration – minor rotation

An intern who elects this training experience works on the following training projects either conjointly or with guidance from the director of training:

- Deciding on and implementing improvements to the internship website, including the time to devote to self-study of web design programs
- Coordination of all aspects of the selection of next year's internship class, and/or externship class
- Selection of articles for the diversity journal club
- Submission of a training-related proposal for presentation at a professional meeting
- A literature review of a training area of interest and preparation of a presentation to the psychology staff and interns on the subject
- Assisting with documentation about accreditation and funding
- Other projects as initiated by the intern or director of training, e.g. surveys of intern interviewees, surveying past intern's attitudes toward training at JBVAMC

This hands-on experience in administration is appropriate for interns who have career goals in psychology training.

Mental Health Leadership & Administration – minor rotation

This rotation provides three learning experiences as a preparation for the opportunities and challenges in mental health leadership and administration. First, the intern meets with the

Lead Psychologist on a weekly basis to discuss administrative issues. There are assigned readings that complement the weekly meetings. Second, the intern attends management meetings to see how plans to enhance patient care are generated, implemented and evaluated. Third, the intern works on a project related to leadership issues. Examples of leadership projects done in the past include staff and patient satisfaction surveys, developing a computerized addictions assessment initial interview, and a project to assist employees in coping with job stress.

Research – minor rotation

Eric Van Denburg is widely published in the areas of personality assessment, including assessment of personality disorders. Dr. Van Denburg could supervise an intern interested in studying program enhancement, treatment response or other treatment issues. In recent years, we have done some empirical work surveying internship applicants who interviewed in our site, or past interns regarding their satisfaction with our training setting. In the past, Dr. Van Denburg has also supervised an intern in scholarly writing, to assist with publishing scientific/professional articles. Please see at the bottom of this section the research and scholarly work completed by interns during their internship year.

Neuropsychology Training

Neuropsychology Specialty Track

The Jesse Brown VAMC full year neuropsychology internship conforms to the guidelines recommended by the American Board of Clinical Neuropsychology and APA Division 40. The neuropsychology supervisor, Patricia Lim, Psy.D. is an experienced clinician who has worked in neuropsychological and rehabilitation settings for a number of years, both inside, and out of the VA. The VA Chicago Health Care System is one of only four programs in the Chicago area which offers a full year internship in neuropsychological assessment. Neuropsychology specialty track interns have been trained at the Chicago VA continuously since 1980. To apply, relevant coursework and practica are required.

The full year neuropsychology rotation provides direct, hands-on experience in the assessment of brain-behavior relationships. Patients have neurological, general medical, psychiatric and substance abuse disorders, and are inpatients and outpatients. Extensive experience is gained in the administration and interpretation of well-established neuropsychological batteries, as well as many more recently developed tests. Direct administration of tests allows close observation of disorders such as cerebrovascular disease, head trauma, epilepsy, Alzheimer's disease, Parkinson's disease and systemic illness. A flexible approach to testing is employed, adding tests to a core battery. Extensive practice is gained in writing clear, well-organized neuropsychological reports. The intern uses results of neuropsychological testing to assist the medical team in formulating a diagnosis and treatment plan. Neuropsychology interns have the opportunity to attend neuropsychiatry case conferences and neurology lectures at the University of Illinois at Chicago medical school. In addition, the intern frequently assists in the training of neuropsychology externs, who are regularly a part of the neuropsychology team.

Our neuropsychology specialty track prepares the intern to pursue advanced training in neuropsychology. Our recent graduates have obtained competitive post-doctoral fellowships,

many of them in the Chicagoland area. Our 2001, 2003, 2004, 2005, and 2007 graduates secured post-docs at the University of Illinois Department of Psychiatry. Our 2002 graduate secured a post-doctoral fellowship at the University of Virginia Department of Psychiatric Medicine and Neurosurgery. Our 2006 graduate secured a position at Beth Israel Hospital, Boston, affiliated with Harvard Medical School. Our 2008 graduate secured a position in a well-known private practice in the Chicago area, and has been able to arrange continued training at UIC Dept. of Psychiatry. Our 2010 graduate secured a position at the Medical College of Wisconsin, in Milwaukee.

Neuropsychology at UIC – minor rotation for Neuropsychology Track interns

This six-hour per week minor rotation is based at the University of Illinois at Chicago and is supervised by Dr. Neil Pliskin, Ph.D., ABPP/CN. Interns with sufficient dissertation progress can choose to devote up to 8 or 10 hours per week to this rotation. The goal is to expand the knowledge base of the intern and increase professional interaction with other neuropsychologists and trainees. Each trainee makes an individualized educational, clinical and/or research plan with Dr. Pliskin. The intern is also involved in the following educational experiences at University of Illinois at Chicago, Center for Cognitive Medicine, Neuropsychology Division:

- Behavioral Neurosciences Seminar: national experts in neuropsychology, neuropsychiatry and brain imaging present case conferences, research and colloquia.
- Applied Neuropsychology Seminar: Dr Pliskin, UIC post-doctoral fellows, and other neuropsychologists present topics of interest to UIC neuropsychology faculty and trainees.
- Neuroanatomy Review Series: Dr Pliskin, UIC post-doctoral fellows, and other neuropsychologists present a detailed review of neuroanatomy topics (cerebral cortex, cranial nerves, limbic system and so on) to neuropsychology trainees.

Neuropsychological Assessment – major rotation for General Track interns

The Neuropsychology major rotation is supervised by Patricia Lim, Psy.D., and Robert Walters, Ph.D., a former Neuropsychology Track intern from 2008-2009. Interns interested in working with an elderly population or substance dependent populations have found neuropsychological assessment to be a valuable addition to their overall clinical training. Please see the description above for information on patients seen and training approach. Prior neuropsychological testing experience is not required, although to be eligible for the rotation.

Neuropsychology – minor rotation for General Track and Health Psychology Track interns

In this rotation, Dr. Lim will work with the intern to set individualized training goals based on experience level. No prior neuropsychological testing experience is required, although to be eligible for the rotation, the intern should have administered some batteries, including the WAIS-III and written at some integrated reports. Interns with less testing experience will be introduced to screening batteries and report writing.

Health Psychology Training

Health Psychology Specialty Track

The Health Psychology intern works with the primary care clinics providing interdisciplinary

health care. The intern works with both outpatients and inpatients, primarily emphasizing outpatient care. Health psychology activities include:

- Biofeedback: see details under Biofeedback Clinic heading below; 7 to 8 cases are typically carried at all times throughout the training year.
 - Psychoeducational groups including: Weight management groups (MOVE program), Relaxation skills group, Stress and cardiac health, Group health education for substance abuse patients, Insomnia treatment group, Hepatitis C support group, Chronic pain group, Cancer support group, and Stress management for Vietnam combat veterans.
 - Comprehensive pain assessments, evaluating patients with chronic pain to determine the likelihood of compliance with treatment, the likelihood of improvement with medical treatment only, and the role of behavioral factors in the maintenance of pain. The intern integrates results from various commonly used psychometric tests, such as the Multidimensional Pain Inventory and the Millon Behavioral Health Inventory, in this assessment. In past years, our Health Psychology intern has also been a participant on the multidisciplinary Pain Team, which has looked at staffing initiatives and protocols for the treatment of pain.
 - Low vision assessments. The intern performs a comprehensive interview and a brief psychological assessment with patients, who are visually impaired, to assess emotional adaptation to visual loss, to assess cognitive functioning and the ability of the patient to benefit from the training provided in the Low Vision Program for coping with loss of vision.
 - Physical Medicine and Rehabilitation assessments, including brief cognitive screening and assessing the patient's emotional adaptation and coping with cerebral vascular accident or traumatic brain injuries. The intern will then attend the weekly PM&R interdisciplinary staffings and present the findings to staff from varied disciplines.
- The health psychology intern may also choose the Sexual Health Clinic as a minor rotation, if desired.

· Bariatric assessments have been a new role for our health psychology interns. A comprehensive assessment, including chart review, interviewing, and formal psychological assessment, is completed by the Health Psychology intern of those patients who are being considered for bariatric surgery. Best practice guidelines for assessments of such patients are followed. Jesse Brown VAMC is the sole hospital within our VISN (Veterans Integrated Service Network) where bariatric surgeries will be taking place. This has therefore become a new rotational experience for our Health Psychology Specialty Track interns.

· Home Based Patient Care (HBPC). A new rotational experience for our Health Psychology Specialty Track Interns, this clinical experience involves going out in the community to patients who are unable to attend outpatient sessions in the medical center. This experience involves both evaluations and treatment from a holistic perspective. Many of the veterans requiring such services are elderly, or physically challenged in one or another domain.

Biofeedback - minor rotation for General Track or Neuropsychology Track interns

Involvement in this clinic is part of the year-long training for the Health Psychology specialty track intern and may be a minor rotation for General Track and Neuropsychology Track interns. Both inpatients and outpatients are referred to the Biofeedback Clinic by mental health and medical staff. Biofeedback patients exhibit a broad range of self-regulatory

and self-management problems, such as headaches, anxiety disorders, chronic pain, insomnia, anger control problems, and hypertension. Interns learn to give a thorough psychophysiological assessment, design a treatment plan, and use relevant biofeedback and relaxation techniques to implement that plan. Biofeedback monitoring includes EMG, galvanic skin response, heart rate and peripheral skin temperature. Biofeedback training decreases cardiovascular reactivity in patients who have medical conditions worsened by stress.

Neurofeedback - minor rotation for General Track or Neuropsychology Track interns

Interns will be introduced to the history and theory of neurofeedback, integration of neurofeedback with traditional peripheral biofeedback, and have an opportunity to learn basic applications of popular treatment protocols used in facilitating relaxation and enhancing cognitive functioning. Specifically, interns will have an opportunity to learn the following neurofeedback related skills: 1) Building a signal assessment screen, 2) learn about the 10-20 international system of electrode placement, 3) Learn how to perform a monopolar CZ montage placement with goal of beta/SMR enhancement, 4) Learn about conducting an Alpha/Theta Training session.

Outpatient Health Psychology – major rotation for General Track interns

The intern would participate in a selection of health psychology training activities, including: the biofeedback clinic, psychoeducational groups, and outpatient health psychology assessments, including bariatric assessments. See above section on Health Psychology Specialty Track for details on these training activities.

Sexual Health Clinic - minor rotation available to all interns

Patients in this clinic are referred primarily from Outpatient Psychiatry, Medical and Surgical Ambulatory Care Clinics. The intern learns to conduct assessments including a review of the problem, detailed history of onset, assessment of current and recent capacity of sexual dysfunction and a review of factors potentially contributing to the dysfunction. Results of the assessment and concurrent medical evaluations are integrated in developing a treatment plan. Interns learn to provide education regarding sexual issues. Common treatments are pharmacological and behavioral. Patients may also be evaluated for new medications or medication changes.

Seminars

Interns attend two seminars per week, each lasting 1.5 hours. Topics are chosen for their clinical relevance. Once a month seminars are devoted to topics concerning diversity and involve discussion of journal articles related to the specific topic. A brief selection of seminars over the last several years includes:

- Clinical Management of Suicidality and Homicidality: John Mundt, Ph.D.
- Diagnostic Interviewing of Addicted Patients: Mark Zerwic, Ph.D.

- Chicago Neighborhood Driving Tour – Where Our Veteran Patients Live: John Mundt, Ph.D.
- Professional Boundary Issues: John Mundt, Ph.D.
- Evidence based treatment in psychotherapy: Eric Van Denburg, Ph.D.
- Vicarious traumatization and compassion fatigue: Eric Van Denburg, Ph.D.
- Diagnosis and Treatment of PTSD from Combat Trauma: Joseph Yount, Ph.D.
- Becoming a Supervisor: John Mundt, Ph.D.
- Group Supervision: David Eisenberg, Ph.D.
- Use of Hypnosis in Health Psychology: Mike Flynn, Ph.D.
- Brief Psychodynamic Psychotherapy: Eric Van Denburg, Ph.D.
- The View from Guantanamo: Eric Proescher, Psy.D.
- Military Culture – Eric Proescher, Psy.D.
- On Obesity Assessment and Treatment – Sarah Catanese, Ph.D.
- The role of a Rehabilitation Psychologist in a Medical Setting – Patricia Lim, Psy.D.
- Medicare/Managed Care Billing, Coding, and Documentation – Patricia Lim, Psy.D.
- Differential diagnosis of dementia – Patricia Lim, Psy.D.
- Chronic Pain – Assessment & Treatment: Empirical literature and empirically supported treatment – Susan Payvar, Ph.D.
- Insomnia – Assessment & Treatment: Empirical literature and empirically supported treatment – Susan Payvar, Ph.D.
- On the use of the MCMI-III – Eric Van Denburg, Ph.D.
- Evidence based Psychotherapy for PTSD – Leah Paskar, Ph.D.
- On the Assessment and Treatment of Dual Diagnosis patients – PTSD and addiction – Holly Hunley, Ph.D.
- Contemporary Topics in Psychoanalytic Theory – Eric Van Denburg, Ph.D.

· Diversity topics have included: race, masculinity, stereotype, multiculturalism, working with the elderly, sexual orientation, religion, disability.

Supervision and Evaluation

Individual Supervision and Evaluation

The vast majority of supervision at Jesse Brown VAMC is individual supervision. Each intern is assigned supervisors for each current training experience: the major rotation, the minor rotation, outpatient therapy and group therapy. Hours of formal one-to-one supervision range from 4 to 6 hours per week. The supervisors are the psychologists who work in those program areas. The interns evaluate their supervisors and present these evaluations in written form. Also, the supervisors provide interns an assessment of their current state of professional development in a written evaluation. Scheduled evaluations occur at the end of each major rotation, or at the end of each 6 month period for year-long training experiences (such as long-term individual therapy cases). In addition, there is an initial assessment at the two-month point for General Track interns, and at the three-month point for Specialty Track interns. The interns' academic directors of training are provided with written progress summaries at 6 months and at the completion of the internship. Interns attend selected Training Committee meetings and provide input into training decisions. Additionally, the Director of Training and interns hold a monthly meeting so the interns may discuss the training program as they are experiencing it. In our experience, the best suggestions for improving our internship usually come from the interns themselves.

Group Supervision

Ten times per year, interns and an experienced supervisor take turns presenting case material from on-going individual therapy cases for peer review.

Library Resources

Our interns may use our VA's Medical Library. Also, the University of Illinois Library of the Health Sciences, is just two blocks away. Our Medical Library supports our efforts in patient care, patient education, teaching and research. Many online resources are available through internet access in each office, including OVID and Medline.

Office Space and Computer Resources

Each psychology intern has a separate office, telephone, and personal computer. All intern offices have access to the VA server which contains computerized patient charts. All mental health notes are entered in the computer charting system, CPRS.

Stipends, Leave, Start Date, and Insurance Coverage

Stipend

As of 2009, the one-year full-time pre-doctoral internship provides a \$26,271 stipend paid in 26 biweekly payments.

Leave

Interns are allocated 13 sick leave and 13 annual leave (vacation) days for the training year, accrued over the course of the year. Additionally, all federal employees enjoy ten paid federal holidays annually. Interns are also granted additional professional leave (paid, off-station time) to present at major professional conferences and attend post-doc/job interviews.

Start Date

The internship starts in late June, to early July. The 2009 internship will likely begin 7/1/11

Health Insurance

Veterans Affairs offers optional health insurance for psychology interns. There is a wide range of Federal Health Benefits programs to choose between and can include dental and vision care.

Life Insurance

Veterans Affairs offers optional life insurance for psychology interns.

Public transportation vouchers / Parking

For employees who take public transportation to work every day, the federal government will provide transit vouchers that can be used on public transportation throughout the Chicago area. Interns can sign up for this benefit (valued at up to \$120 per month) on their first day at work. For interns who drive to work, there is a large garage attached to the Medical Center. The cost of parking permits may be automatically deducted from interns' pay checks.

Other benefits

All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center. In addition, the University of Illinois at Chicago has a gym that is across the street from the VA and interns receive the reduced employee membership rates. Interns may use the Medical Library and VA internet resources for research, including computer database searches and interlibrary loans. Interns may receive a free physical exam upon being hired for federal service, along with a TB test. All employees are eligible for the services of the Employee Health Office, which includes free vaccinations for Hepatitis B and free flu shots.

Malpractice Insurance

Malpractice liability coverage is provided for interns through the protection of the Federal Tort Claims Act. A 1999 VA directive has established malpractice coverage under federal regulations for off-site rotations.

Administrative Policies

More information regarding administrative policies for interns including specific information about leave policies, grievance policies and other information is available upon request. The following further information is available upon written request to the internship:

- Further information on intern performance evaluation
- Procedures for intern feedback, advisement, retention and termination
- Due process and grievance procedures for interns and training staff

- Requirements for completion of the internship
- Any other administrative policies and procedures

Training Committee, 2009, Supervision Retreat



Annual End of the Year Internship Lunch, Francesca's, June, 2009



Pictures of our last six internship classes follow!



Current 2010-2011 Interns



2009-2010 Interns



2008-2009 Interns



07-08 Interns



06-07 Interns and the training director, Dr. Van Denburg



05-06 Interns, the training director, and support staff

The following publications and presentations by Jesse Brown VA Chicago interns were submitted or published during internship. Intern names are in bold.

Abram, K.A., **Paskar, L.D.**, Washburn, J.A. & Teplin, L.A. (2008). Perceived barriers to mental health services among youths in detention. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(3), 301-308.

The following presentations and publications were by Jonathan Adler, General Track Intern from 2008-2009.

Adler, J.M. & Poulin, M. (2009). The political is personal: Narrating 9/11 and psychological well-being. *Journal of Personality*, 74(4), 903-932.

Adler, J.M. & Matthews, E.A. (2009). Encouraging epistemological exploration in the undergraduate psychology classroom: Impacts on retention and application of course material. *Teaching of Psychology*, 36(2), 122-125.

Adler, J.M., Skalina, L.M. & McAdams, D.P. (2008) The narrative reconstruction of psychotherapy and psychological health. *Psychotherapy Research*, 18(6), 719-734.

Adler, J.M. (July, 2009). *The co-evolution of narrative identity and mental health over the course of psychotherapy: Results from a prospective, longitudinal study*. Invited paper presented as part of the symposium: *Rising Stars in Personality Psychology* at the First Annual Meeting of the Association for Research in Personality (ARP), Evanston, IL.

Adler, J.M. (June, 2009). *Psychotherapy and change from the patients' perspective*. Invited Grand Rounds presentation, Lutheran General Hospital, Chicago, IL.

Adler, J.M. (May, 2009). *A prospective, longitudinal study of narrative identity and mental health over the course of psychotherapy*. (As part of symposium: *The Relevance of Narrative Theory and Methods for Approaching Diverse Problems*, Jonathan M, Adler, chair.) Paper presented at the Annual meeting of the Association for Psychological Science (APS), San Francisco, CA.

Adler, J.M. (2009, February). *In treatment: The healing power of agency in narratives of psychotherapy*. (As part of symposium: *The Incremental Validity of Narratives*, Jennifer Lodi-Smith, chair) Paper presented at the Annual Meeting of the Society for Personality and Social Psychology (SPSP), Tampa, FL.

Adler, J.M. (January, 2009). *Psychotherapy and change from the patients' perspective*. Invited Grand Rounds presentation, University of Illinois at Chicago

Department of Psychiatry and Jesse Brown Veterans Affairs Medical Center,
Chicago, IL.

Ammar, A. & Willer, J. Development of Internship Training Experiences for Administrative Skills. Association of Psychology Post-doctoral and Internship Centers Meeting, Orlando, FL, April 2003

Cassin, C. and **Martinovich, Z.** (1996, October). Dual diagnosis treatment for patients with schizophrenia. Poster presented at the American Psychiatric Association Annual Meeting, Chicago, IL

Drach, R., Payvar, S., Takaki, E. (March, 2008). Weight Reduction in Veterans Attending an Evidence-based Treatment Program. Paper presented at the Society of Behavioral Medicine Conference, San Diego, CA. Abstract: *Annals of Behavioral Medicine*.

Friedman, E., Wetzel, L., & Larson, P. (1997, August). Development of the Modified Wechsler Memory Scale-Revised. Poster presented at the 105th Annual Meeting of the American Psychological Association, Chicago.

Garcia, C., Leahy, B., **Corradi, K.,** & Forchetti, C. (2008). Component structure of the repeatable battery for the assessment of Neuropsychological status in dementia. *Archives of Clinical Neuropsychology*, 23(1), 63-72.

*Refereed Articles and Published abstracts from **Margret Harris**, General Track Intern during 2008-2009:*

1. Hill SK, **Harris MSH**, Herbener ES, Pavuluri M, Sweeney JA: Neurocognitive allied phenotypes for schizophrenia and bipolar disorder. *Schizophrenia Bulletin-Special Issue* 2008; 34: 743-759.
2. Lencer R, Sprenger A, **Harris MSH**, Reilly JL, Keshavan MS, Sweeney JA: Effects of second-generation antipsychotic medication on smooth pursuit eye performance in antipsychotic-naïve schizophrenia. *Archives of General Psychiatry* 2008; 65: 1146-1154.
3. **Harris MSH**, Wiseman CL, Reilly JL, Keshavan MS, Sweeney JA: Effects of risperidone on procedural learning in antipsychotic-naïve first-episode schizophrenia. *Neuropsychopharmacology* 2009; 34: 468-476.

Published Abstracts

1. Rosen C, Marvin R, Reilly JL, DeLeon OA, Weiden PJ, Keedy SK, **Harris MSH**, Solari H, Sweeney JA: Phenomenology of schizophrenia and affective first episode psychosis. *Schizophrenia Bulletin* 2009; 35(2): 13.
2. Lencer R, **Harris MSH**, Reilly JL, Keshavan MS, Sweeney JA: Schizophrenia and bipolar patients manifest a common intermediate phenotype of deficient sensorimotor transformation. *Schizophrenia Bulletin* 2009; 35(2) 61.

3. Sweeney JA, Reilly J, Hill S, **Harris MSH**, Rosen C, Weiden PJ: Taking animal behavioral pharmacology paradigms into clinical trials to evaluate cognitive outcomes. *Schizophrenia Bulletin* 2009; 35(2) 61.
4. **Harris MSH**, Reilly JL, Rosen C, Keedy SK, DeLeon O, Marvin R, Weiden PJ, Sweeney JA: Schizophrenia and psychotic bipolar disorder, but not psychotic depression, share intermediate phenotype for response suppression deficits during early course of illness. *Schizophrenia Bulletin* 2009; 35(2) 62.
5. Reilly JL, **Harris MSH**, Keedy S, Rosen C, DeLeon O, Marvin R, Weiden PJ, Sweeney JA: Spatial working memory deficits among unmedicated first episode patients with schizophrenia, psychotic bipolar disorder, and psychotic depression. *Schizophrenia Bulletin* 2009; 35(2) 263.

Fay Hlubocky – Health Psychology Intern 2009-2010
Peer Reviewed Articles

Henderson TO, **Hlubocky FJ**, Wrobelowski K, Diller L, Daugherty CK. Physician Preferences and Knowledge Gaps Regarding the Care of Childhood Cancer Survivors: A Mailed Survey of Pediatric Oncologists. *J Clin Oncol* 2010 Feb 10;28(5):878-83, 2010

Bradbury AR, Patrick-Miller L, Eggleston B, Sands CB, Li T, Schmidheiser H, Feigon M, Ibe CN, **Hlubocky FJ**, Hope K, Jackson S, Corbman M, Olopade OI, Daly M, Daugherty CK. Parent Opinions Regarding the Genetic Testing of Minors for BRCA1/2. *J Clin Oncol*. 2010 Jun 21. [Epub ahead of print].

Selected Abstracts Continued (* denotes selected for presentation)

Mattson M, **Hlubocky FJ**, Gela N, Sher T. The Change in Quality of Life over the Course of Time in a Couples Intervention For Cardiac Risk Reduction. Forty-third Annual Convention for Behavioral and Cognitive Therapies, Philadelphia, PA. A, 2009*.

Mattson M, Gela N, **Hlubocky FJ**, Sher T. Couples: An intervention for improving the quality of life of cardiac disease patients . Forty-third Annual Convention for Behavioral and Cognitive Therapies, Philadelphia, PA. A, 2009*.

Daugherty CK, **Hlubocky FJ**, Kass NE, Roter D, Larson S, Sugarman J, Wroblewski K, Ratain MJ. Communication of the essential elements of informed consent (IC) for research: a RIAS analysis of Phase I clinical trial encounters. *Proc Amer Soc Clin Oncol* 29: A, June 2010*.

Hlubocky FJ, Sher TG, Wroblewski K, Luzar E, Ratain MJ, Daugherty CK. Expectations of benefit and symptom burdens among advanced cancer patients (ACP) and spousal caregivers during the course of phase I trials. *Proc Amer Soc Clin Oncol* 29: A, June 2010*.

Polite BN, Smith DM, Ray M, **Hlubocky FJ**, Olopade OI, Daugherty C, Gehlert SJ. Evaluating psychosocial and belief differences in a diverse racial and socioeconomic cancer population. *Proc Amer Soc Clin Oncol* 29: A, June 2010*.

- Kigin M, **Hlubocky FJ**, Wroblewski K, C. Daugherty, Henderson TO. Physician preferences and knowledge gaps regarding the care of childhood cancer survivors: A survey of ASCO oncologists. *Proc Amer Soc Clin Oncol* 29: A, June 2010*.
- Jones, M.P., Keefer, L., Bratten, J., **Taft, T.H.**, Crowell, M.D., Levy, R., & Palsson, O. (2009). Development and initial validation of a measure of perceived stigma in irritable bowel syndrome. *Psychology, Health, & Medicine*, 14(3), 367-374.
- Lindsay, D.** & Willer, J. Sexual dysfunction in childhood sexual abuse survivors: Call to action. American Psychological Association Annual Meeting, Chicago, IL, August 2002.
- Mitchell, J.**, Jenkins, S.R., & Vosvick, M. (August, 2007). *Individual Perceptions of the Pressure to be Positive in America*. Poster presented at American Psychological Association Annual Convention, San Francisco, California.
- Morton, Carla H.**, Dorflinger, J. , and Stanford, L.D. (2007). The use of the ADOS in differential diagnosis of language versus autism spectrum disorders. Poster Presentation, American Association of Clinical Neuropsychology.
- Paskar, L.D.** (2007, August). Employment and Education Among Juvenile Detainees Three and Six Years After Detention. In J. J. Washburn's (Chair), *Longitudinal Functioning of Juvenile Detainees: Implications for Treatment and Rehabilitation*. Symposium presented at the annual conference of the American Psychological Association, San Francisco, CA.
- Poupore-King, H. & Payvar, S.** (March, 2008). Psychological Assessment of Bariatric Surgery Patient. Invited presentation at the VISN 11 & 12 MOVE Conference, Chicago, Illinois.
- Ragsdale, B.** (2000, August). Treatment concerns of the dually diagnosed female veteran. In J. Willer (Chair), Establishing a Psychotherapy Program for Female Veterans-Challenges and Successes. Symposium conducted at American Psychological Association 108th Annual Meeting, Washington, D.C.
- Reed, R. A., Martin, E. M., Pitrak, D. L., Weddington, W., **Anderson, D.**, Carson, V. L., Harris, T., Racenstein, and Bechara, A. (2000). Decision-making in HIV-seropositive drug users: A preliminary study. Paper accepted for the 28th Annual Meeting of the International Neuropsychological Society, Colorado.
- Rempfer, M.** (2000, August). Meeting the mental health needs of female veterans with psychotic disorders. In J. Willer (Chair), Establishing a Psychotherapy Program for Female Veterans-Challenges and Successes. Symposium conducted at American Psychological Association 108th Annual Meeting, Washington, D.C.

Roth, R. E., Shapiro, R., Orfei, C., & Wetzel, L. (1996). Neuropsychological findings in a patient with neurosarcoidosis: A case study of pre- and early phase treatment outcome. Poster presented at the 16th Annual Meeting of the National Academy of Neuropsychology, New Orleans.

Roth, R. E., Shapiro, R., Orfei, C., Wetzel, L., (1997). Neuropsychological findings in a patient with neurosarcoidosis: A case of pre- and early phase treatment outcome [abstract]. *Archives of Clinical Neuropsychology*, 12, 397.

Chris Stewart, Neuropsychology Intern, 2009-2010:

Peer-Reviewed Articles:

Griffith, H.R., **Stewart, C.C.**, Stoeckel, L.E., Okonkwo, O.C., den Hollander, J.A., et al. (in press). *MRI Volume of the Angular Gyri is Predictive of Financial Ability Deficits in Patients with Amnesic Mild Cognitive Impairment. Journal of the American Geriatric Society.*

Hui, S.A., Wright, R.A., **Stewart, C.C.**, Simmons, A., Eaton, B., & Nolte, R.N. (in press). *Performance, cardiovascular, and health behavior effects of an inhibitory strength training intervention. Motivation and Emotion.*

Book Chapters:

Wright, R.A. & **Stewart, C.C.** (in press). Multifaceted Effects of Fatigue on Effort and Associated Cardiovascular Responses. In R. A. and Gendolla, G. H. E. (Eds.), *Motivation perspectives on cardiovascular response*. Washington DC: American Psychological Association.

Poster Presentations and Published Abstracts:

Stewart, C.C., Walker, S., Wright, R.A., Griffith, H.R., Clark, D.G., Crowe, M.G., Wadley, V.G. (2010, May). *Blood pressure responses, ratings of task difficulty, and task performance suggest attenuated awareness of higher cognitive deficits in MCI*. Poster presented at the Annual Meeting for the Midwest Neuropsychology Group, Ann Arbor, MI.

Stewart, C.C., Wright, R.A., Hui, A., Simmons, A. (2009, October). *The association between energy level and blood pressure response to a visual scanning task varies across low and moderate levels of difficulty*. Poster presented at the 49th Annual Meeting for the Society for Psychophysiological Research, Berlin, Germany.

Taft, T.H., Keefer, L., Leonhard, C.L., & Nealon-Woods, M. (2009) The impact of perceived stigma on IBD patient outcomes. *Inflammatory Bowel Diseases*, 15(8), 1224-32.

Taft, T.H. & Keefer, L. (2009). Perceived stigma as a predictor of inflammatory bowel disease patient concerns. *Gastroenterology*, In Press.

Taft, T.H. & Keefer, L. (May, 2009). *Perceived stigma as a predictor of inflammatory bowel disease patient concerns*. Poster Presentation: Digestive Disease Week, Chicago IL.

Van Denburg, E. & **Harris, L. M.** (2004). On Psychological Assessment – Theory, Case Presentation, and Integration. Presented at Midwestern University, December 16th, 2004.

VanWagner, L.B., Keefer, L., **Taft, T.H.**, Bratten, J.R., Zinke, J.L. & Jones, M.P. (2009). Language analysis and psychological correlates in irritable bowel syndrome and inflammatory bowel disease. *Gastroenterology*, In Press.

Woloszyn, D., **Grob-Murphy, S.**, & Wetzel, L. (1993). Interrater Agreement on the Wechsler Memory Scale-Revised in a Mixed Clinical Population. *The Clinical Neuropsychologist*, 7, 467-471.

Willer, J., **Lindsay, D.**, **Baril, S.**, **Espe-Pfeifer, P.**, & **Richmond, M.** Avoiding the ten worst errors in internship applications and interviews. American Psychological Association Annual Meeting, APAGS Suite Programming, Chicago, IL, August 2002.

Willer, J. & **Lindsay, D.** Are there gender differences in veterans' post-hospitalization follow-up? American Psychological Association Annual Meeting, Chicago, IL, August 2002.

Willer, J. & **Lindsay, D.** Women Veterans-Are They Lost to Mental Health Follow-up? First Interagency Research Symposium on Health Issues of Military and Veteran Women, Washington, D.C., June 2002.

Willer, J., Zomchek, D., **Selders, M.** & **Harris, L. M.** (2005, August). Diversity Issues in Supervision. Symposium conducted at American Psychological Association 113th Annual Meeting, Washington, D.C.

Zaorski, D. (2000, August). Utilizing the DBT format for veterans with trauma, depression and borderline personality disorder. In J. Willer (Chair), Establishing a Psychotherapy Program for Female Veterans-Challenges and Successes. Symposium conducted at American Psychological Association 108th Annual Meeting, Washington, D.C.

Zinke, J., Monty, A., & Payvar, S. (Oct, 2007). Assessing Pain, Coping and Stages of Change in a Veteran Population Attending an Interdisciplinary Pain Education Series. Poster presented at the Midwestern Pain Society meeting, Chicago, Illinois.